

Registration District No. 701

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County. St. Louis, Missouri  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution. St. Louis City Hospital #1  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution. 4 Days  
(Specify whether  
In this community. 0  
years, months or days)

3. (a) PRINT FULL NAME John Skala

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. None years  
7. Birth date of deceased. Oct 5 - 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 2 If less than one day hr. min.

9. Birthplace. Collinsville, Mo (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. on Farm

12. Name. John Skala

13. Birthplace. Bohemia (City, town, or county) (State or foreign country)

14. Maiden name. Not Known

15. Birthplace. Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant. Tony S-Kala

(b) Address. Collinsville, Mo

17. (a) Removal (b) Date thereof. Aug 7 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Collinsville, Mo

18. (a) Signature of funeral director. Geo M. Schnapp

(b) Address. Collinsville, Mo

19. (a) AUG - 7 1941 (b) John Skala  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. St Louis  
(c) City or town. St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3319 N. Humphrey  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7, year 1941 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from August 4, 1941 to August 7, 1941.  
that I last saw him alive on August 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. Intermittent heart disease  
Due to. Heart Disease

Due to. Heart Disease

Other conditions. None  
(Include pregnancy within 3 months of death)

Major findings: Of operations. None

Of autopsy. None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence. None  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work. None (Specify type of place) (e) Means of injury None

23. Signature. John Skala (M. D. or other) P  
Address. 1515 Lafayette Avenue, Date signed. 8/7/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Geo M. Schuppel

Licensed Embalmer No. 1598

P. O. Address Ballwinville

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**